



(Middle)

Sames

Ohio Peace Officer Training Commission Office 800-346-7682 Fax 740-845-2675

2. Social Security Number

P.O. Box 309 London, OH 43140 www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

- 1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
- 2. Type or print legibly and complete all blanks. Enter N/A if not applicable.

1. Name (Last)

licho 1500

OFFICER INFORMATION

- Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
- 4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.

RUSKET

5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

	rious Name(s) or Alias (Last)		(First)		(mindie)		
4. Birth date (mm/dd/yyyy) 5. I	Email Address				6 Phone Nun	shor	
0/27/1979							
. Home Mailing Address (#/Street/PO Box)		(City)	(Stat	e)	(Zin Code) (Co	ounty Name)	
(Only complete if this is the		1 1 1010		·		CC 2555	
officer's first appointment or OSP)	STATE HIGH	Iway PATRE	2	FEB	2421 20	08 - Inch	
					,	eddi. Alexin	
AGENCY INFORMATION 9. Agency	Name dam Village Pol	ice					
10. Agency Email Address			11. Agency Phone Number				
AmsterdamPD24@Yahoo.Com			740-543-3797				
12. Agency Mailing Address (#/Street/PO Box)				(Zip Code) (County Name)			
103 Springfield St. PO Box 115		Amsterd	am	Oh	43903		
		T 60 10					
APPOINTMENT INFORMATION	Complete Date, Status	and ORC) 13. New	Appointment Date	14.	Status Change Da	te	
5. Select New Status Full-Time	Part-Time	Auxiliary		1	Special	Seasonal	
6. Select New ORC							
City Full-Time/Part-Time (737.02)	(City Auxiliary/Reserve	Special (737.051)	City Ch	nief (737.02)		
✓ Village Full-Time/Part-Time/Special (/illage Auxiliary/Reser		The second second	2.1111/2012/2012/2012/2012/2012/2012/201		
			Constable (509.01)		Village Chief (737.15)		
2000 (00 September 1901 (00 Sept						Charter	
Other - List ORC/Charter Deputy Sh			riff (311.04) Sheriff (311.01)				
	The state of the s						
		I have carefully re	ead this document and fu	illy understa	nd its sentents or	allaine it of	
ATTESTATION OF REPORTING A	ITUODITY	own free will and	volition. I attest that the	information r	provided on this d	locument is true	
ATTESTATION OF REPORTING AL	and correct and is	and correct and is based on my personal knowledge or inquiry. I further understan					
		acknowledge that	submission of falsified i	records is a c	criminal violation.		
	License de la companya della companya della companya de la companya de la companya della company						
. Signature of Repoding Authority	18. Printed Na	me and Title			19. Date		
Signature of Reporting Authority		ar and	nief of Police			7,2016	
7. Signature of Repoding Authority	David F. C	me and Title Simperman, Jr., Ch me (First, Middle, Last)	nief of Police			12016	
regent	David F. C	imperman, Jr., Ch				1,2016	

Officer Name (Last)	(First)		(Middle)	Social Security Number
MICholson	ROBERT		James	
23. OATH OF OFFICE				
I do solemnly swear or affirm that Laws of the State of Ohio, and La Signature of Appointed Authority	I will support the Constitutes and Ordinances of the ability will dischar	e political sul	odivision to which I am apply of this office. Gary Pepperling Name of Appointing Authority (Typed of Mayor, Village of Amstern Title of Appointing Authority (Typed or Italian)	ocinted and to the best of my ox Printed Legibly) dam
Please list all prior appoint Appointed By (Agency Name and County	intments. Use additional cop	oies of page 2,	as needed, to list the entire at 25. From(mm/dd/yyyy):	To(mm/dd/yyyy):
	80.		41112000	10 11 120
6. Appointment Status (Check Appropriate		Reserve	Special	Seasonal
7. Appointed By (Agency Name and County	y):		28. From(mm/dd/yyyy):	To(mm/dd/yyyy):
Appointment Status (Check Appropriate I Full-Time Part-Time		Reserve	Special	Seasonal
). Appointed By (Agency Name and County	1):		31. From(mm/dd/yyyy):	To(mm/dd/yyyy):
2. Appointment Status (Check Appropriate E Full-Time Part-Time		Reserve	Special	Seasonal
3. Appointed By (Agency Name and County):		34. From(mm/dd/yyyy):	To(mm/dd/yyyy):
5. Appointment Status (Check Appropriate B Full-Time Part-Time	Box) Auxiliary	Reserve	Special	Seasonal
i. Appointed By (Agency Name and County)):	T	37. From(mm/dd/yyyy):	To(mm/dd/yyyy):
. Appointment Status (Check Appropriate B Full-Time Part-Time	Box) Auxiliary	Reserve	Special	Seasonal
Appointed By (Agency Name and County)	:		40. From(mm/dd/yyyy):	To(mm/dd/yyyy):